

Medicaid County Health Department Certified Match Program

Reports 2018 Quarter 1

Billing Provider Medicaid ID	Provider Name	Procedure Code	From Date of Service Quarter	Quarter of To Date of Svc - Calendar	Rendering Provider Medicaid Unduplicated Count	Sum Of Reimbursed Amount
027924230	Desoto CHD	T1002	201801	20181	1	\$1,884.39
027924230	Desoto CHD	T1002 KO	201801	20181	1	\$204.80
027924230	Desoto CHD	T1003	201801	20181	4	\$4,610.11
027924230	Desoto CHD	T1003 KO	201801	20181	3	\$157.34
Total						\$6,856.64
027935830	Hardee CHD	T1002	201801	20181	2	\$2,332.49
027935830	Hardee CHD	T1002 KO	201801	20181	2	\$445.44
027935830	Hardee CHD	T1003	201801	20181	1	\$1,080.16
027935830	Hardee CHD	T1003 KO	201801	20181	1	\$204.31
Total						\$4,062.40
Grand Total						\$10,919.04